

# Integrated Treatment Plan

## Patient information

Name:

Date of birth:

Gender:

Date of assessment:

Contact information:

Medical history:

## Presenting problems

Symptoms observed:

Description of mental health and substance disorders:

Duration of symptoms:

Previous interventions tried:

## Treatment goals

Short-term goals:

Long-term goals:

Interventions
<b>I. Coordinated care approach</b>
Intervention specifics:
Implementation plan:
Timeline:
<b>II. Evidence-based therapies</b>
Therapy:
Sessions frequency:
Monitoring requirements:
<b>III. Medication management</b>
Medication specifics:

Dosages:

Monitoring requirements:

#### **IV. Supportive services (e.g., housing, employment support)**

Service types:

Objectives:

Expected outcomes:

#### **Coordination of care**

Integrated care team members:

**Additional resources and support**

Community resources:

Educational materials:

**Additional notes****Healthcare professional information**

Name:

Signature:

License ID number: